

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL

19/868013

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2						
3		1				
4		2				
5		3				
6						
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8				/		
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48			/			
49			/			
50			/			
TOTAL IND.	1		1			
TOTAL DEP.	4		5			
TOTAL CLAIMS	5		6			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52		/				
53		/				
54	/					
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

Best Available Copy